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FEE TRANSMITTAL FOR FY 2006    Application Number   10/665,602-Conf. #6731
Filing Date Filing
For FY 2006    First Named Inventor   Faul S. Meissner
Applicant claims small entity status. See 37 CFR 1.27
METHOD OF PAYMENT (s) 200.00   Attomey Docket No.   PF200D1C1
METHOD OF PAYMENT   (\$)   200.00   Attorney Docket No.   PF200D1C1
Check
Check
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee     X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17     X   Credit arry overpayments     X
X   Charge fee(s) indicated below   X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any overpaymenta
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17
Fee (S)   under 37 CFR 1.16 and 1.17
Application Type
Provisional   200   100   300   150   500   250   200   100   3
Small Entity   Fee (\$)   Fee (\$)
Paper   Pape
Utility
Plant
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Auditiple Dependent Claims Fee (\$) Fee Paid (\$)  HP = highest numer of independent claims paid for, if greater than 20.  Indep. Claims Fee (\$) Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest numer of independent claims paid for, if greater than 3.  HP = highest numer of independent claims paid for, if greater than 3.  HP = highest numer of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  24 -20 = 4 x 50.00 = 200.00 Fee (\$) Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  2 -3 = x = =  HP = highest numer of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  24  -20 = 4
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  24 - 20 = 4
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims    24
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
Total Officers Extra Officers Teacher additional Section Williams
100 = /50 (round <b>up</b> to a whole number) x =
4. OTHER FEE(S) Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge):
SUBMITTER BY
Signature Registration No. (Attorney/Agent) 41,512 Telephone (301) 610-5764
Name (Print/Type) Melissa J. Pytel  Date Tully 14, 2000